



# South Bend Fire Department ("SBFD") Free Smoke and Carbon Monoxide Alarm Program Application, Waiver, and Release Form

In order to be considered for a free smoke or carbon monoxide alarm, you must be a ***South Bend resident***, and have completed and signed this Application, Waiver, and Release Form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Installation/Inspection Preference: Day: \_\_\_\_\_ Time: \_\_\_\_\_ AM/PM

Requesting: Smoke Alarm \_\_\_\_ Carbon Monoxide Alarm \_\_\_\_ 9 volt \_\_\_\_ AA \_\_\_\_ Home Safety Visit \_\_\_\_

How did resident hear of program? News \_\_\_\_ Facebook \_\_\_\_ Twitter \_\_\_\_ Friend \_\_\_\_ Radio \_\_\_\_ Web \_\_\_\_ Other \_\_\_\_

By signing below, I hereby release the SBFD, the City of South Bend, their employees, agents, representatives, and all sponsoring agencies (listed at the bottom of this page) from any liability for any damages or injuries which may result during, or as a result of, the installation, inspection, or replacement of a smoke or carbon monoxide alarm, any of its components, or batteries. I hereby also release the SBFD, the City of South Bend, their employees, agents, representatives, and all sponsoring agencies, from any liability for damages or injuries which may occur in the future related to faulty equipment, installation, inspection, or testing of any smoke or carbon monoxide alarm, any of its components, or batteries. I understand that I am waiving valuable rights. I, for myself, my heirs, executors, successors, and assigns, now release, acquit, and forever discharge, the SBFD, the City of South Bend, their employees, agents, representatives, and all sponsoring agencies from any claims, actions, or legal recourse whatsoever, including but not limited to, bodily injury and property damage, that I have now, or in the future, related to or in connection with the installation, inspection, testing, replacement, or condition, of any smoke or carbon monoxide alarm, any of its components, batteries, or any other good or service, that I receive in connection with this program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **FOR SBFD ONLY**

Installed By (Badge #) \_\_\_\_\_ Date: \_\_\_\_\_ District: \_\_\_\_\_

# of Alarms Installed: Smoke \_\_\_\_ CO \_\_\_\_ Batteries: 9V \_\_\_\_ AA \_\_\_\_ Owners Alarm \_\_\_\_

# of Adults: \_\_\_\_\_ # of Children: \_\_\_\_\_ Did the resident have a working alarm prior to installation? Yes or No

Pink copy to resident \_\_\_\_ Forms returned to office \_\_\_\_ Online Report Finished \_\_\_\_

Sponsoring Agencies: Lowes \_\_\_\_ Walmart \_\_\_\_ American Red Cross \_\_\_\_ SBFD \_\_\_\_ Other \_\_\_\_\_